

HEPATITIS C, ACUTE

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** Hepatitis C often produces an illness with insidious onset of symptoms, including anorexia, abdominal discomfort, nausea, vomiting, and progressing to jaundice less frequently than hepatitis B (75% of infections are not apparent). Chronic infection is common (> 60% of cases) and can be symptomatic or asymptomatic. The clinical case definition of acute hepatitis C, however, is an acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels.
- B. **REPORTING CRITERIA:** Meets the Kentucky case definition below.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Serum alanine aminotransferase levels greater than 7 times the upper limit of normal, **AND**
 - IgM anti-HAV negative, **AND**
 - IgM anti-HBc negative (if done) or HBsAg negative, **AND**
 - Antibody to hepatitis C virus (anti-HCV) positive, verified by a supplemental test (e.g., PCR or RIBA).
- D. **KENTUCKY CASE DEFINITION:**
A case that meets the clinical case definition and is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES ROUTINE REPORTING TO THE LOCAL OR STATE HEALTH DEPARTMENT** within 5 business days of the identification of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Report Form EPID 200 (REV Jan/03)
- C. **PUBLIC HEALTH INTERVENTIONS:**
- Refer patient to a medical provider to monitor outcome or progress of infection.
 - Advise minimizing use of alcohol and other substances known to be toxic to the liver.
 - Educate patient on how to protect others from exposure to the hepatitis C virus (HCV).
 - Recommend anti-HCV testing for exposed sexual partners and protecting partners from contact with blood, semen, vaginal secretions and other body fluids. Use of latex condoms may prevent HCV transmission.
 - Testing of household contacts is not necessary unless they have had an identifiable blood exposure to the patient.
 - Advise infected mothers of infants to practice good hand-washing after contact with blood, to cover skin lesions and to refrain from breast-feeding if nipples are bleeding.

- Persons who are not immune to HAV and who have liver disease should be vaccinated against Hepatitis A.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: 502-564-3418
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: 502-564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: 502-564-4478.
- D. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: 502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. HEPATITIS C. In: Control of Communicable Diseases Manual. 17th. ed. Washington, DC: American Public Health Association, 2000: 251 -253.
2. Pickering, LK, ed. Hepatitis C. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 302-306.
3. CDC. Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease. MMWR 1998; 46 (RR-19): 1-39.